EXECUTIVE COMMITTEE MEETING
Board of Governors

January 25, 2021 • 2:00 PM
L.A. Care Health Plan
1055 W. 7th Street, Los Angeles, CA 90017
AGENDA
Executive Committee Meeting
Board of Governors
Monday, January 25, 2021, 2:00 P.M.
L.A. Care Health Plan, 1055 West 7th Street, 10th Floor, Los Angeles

California Governor issued Executive Orders No. N-25-20 and N-29-20, which among other provisions amend the Ralph M. Brown Act. Accordingly, members of the public should now listen to this meeting via teleconference as follows:

To join and LISTEN ONLY via videoconference please register by using the link below:
https://lacare.webex.com/lacare/j.php?MTID=ma855fff76bcce0c93d21b15445d7fa86

To join and LISTEN ONLY via teleconference please dial: (213) 306-3065 or (415) 655-0002
Access code: 146 573 5290

Members of the Executive Committee or staff may also participate in this meeting via teleconference. The public may listen to the Executive Committee’s meeting by teleconference. The public is encouraged to submit its public comments or comments on Agenda items in writing. You can e-mail public comments to BoardServices@lacare.org, or send a text or voicemail to: 213 628-6420.

The text, voicemail, or email must indicate if you wish to be identified or remain anonymous, and must also include the name of the item to which your comment relates.

Comments received by voicemail, email or text by 2:00 pm on January 25, 2021 will be provided in writing to the members of the Board of Governors that serve on the Executive Committee. Public comments submitted will be read for 3 minutes.

Once the meeting has started, voicemails, emails and texts for public comment should be submitted before the item is called by the meeting Chair. If you wish to submit public comment on an item, you must submit it at any time prior to the time the Chair announces the item and asks for public comment. The Chair will announce when public comment period is over.

All votes in a teleconferenced meeting shall be conducted by roll call.

If you are an individual with a disability and need a reasonable modification or accommodation pursuant to the Americans with Disabilities Act (“ADA”) please contact L.A. Care Board Services staff prior to the meeting for assistance by text to 213 628-6420 or by email to BoardServices@lacare.org.

WELCOME

1. Approve today’s meeting Agenda
2. Public Comment (please see instructions above)
3. Approve November 16, 2020 Meeting Minutes
4. Chair’s Report
   • Potential Update to Legislative Policy Agenda
5. Chief Executive Officer Report
   • 1st Quarter FY 2020-21 Vision 2021 Progress Report

COMMITTEE ITEMS

6. Government Affairs Update

Hector De La Torre, Chair
John Baackes, Chief Executive Officer
Cherie Compartore, Senior Director, Government Affairs
Executive Committee Meeting Agenda  
January 25, 2021  
Page 2 of 2

7. Revised Communications Policy COMM 004 (Social Media) **(EXE 100)**  
   Francisco Oaxaca  
   Chief of Communications &  
   Community Relations  
   Chair

8. Cafeteria Plan Amendment **(EXE A)**  
   Terry Brown  
   Chief Human Resources Officer  
   Chair

9. Approve the list of items that will be considered on a Consent Agenda for February 4, 2021 Board of Governors Meeting  
   - Minutes of December 3, 2020 Board of Governors Meeting  
   - Revised Communications Policy COMM 004 (Social Media)  
   - 2021 Compliance Work Plan  
   - 2021 Delegation Oversight Work Plan  
   - 2021 Risk Assessment  
   Chair

ADJOURN TO CLOSED SESSION (Est. time: 30 mins.)  
Chair

10. CONTRACT RATES  
    Pursuant to Welfare and Institutions Code Section 14087.38(m)  
    - Plan Partner Rates  
    - Provider Rates  
    - DHCS Rates  
    Chair

11. REPORT INVOLVING TRADE SECRET  
    Pursuant to Welfare and Institutions Code Section 14087.38(n)  
    Discussion Concerning New Service, Program, Business Plan  
    Estimated date of public disclosure: January 2023  
    Chair

12. CONFERENCE WITH LEGAL COUNSEL – ANTICIPATED LITIGATION  
    Significant exposure to litigation pursuant to Section 54956.9(d) (2) of Ralph M. Brown Act  
    One Potential Case  
    Chair

13. CONFERENCE WITH LABOR NEGOTIATOR  
    Section 54957.6 of the Ralph M. Brown Act  
    Agency Designated Representative: Hector De La Torre  
    Unrepresented Employee: John Baackes  
    Chair

RECONVENE IN OPEN SESSION

ADJOURN  
Chair  
The next Executive Committee is scheduled on Monday, February 22, 2021 at 2:00 p.m.
BOARD OF GOVERNORS
Executive Committee
Meeting Minutes – November 16, 2020
1055 West 7th Street, Los Angeles, CA 90017

Members
Hector De La Torre, Chairperson
Al Ballesteros, Vice Chairperson
Robert H. Curry, Treasurer
Layla Gonzalez, Secretary
Stephanie Booth, MD
Hilda Perez

Management/Staff
John Baackes, Chief Executive Officer
Terry Brown, Chief Human Resources Officer
Augustavia J. Haydel, Esq., General Counsel
Marie Montgomery, Chief Financial Officer
Tom MacDougall, Chief Information & Technology Officer
Francisco Oaxaca, Chief of Communications & Community Relations
Noah Paley, Chief of Staff
Acacia Reed, Deputy Chief Operating Officer
Richard Seidman, MD, MPH, Chief Medical Officer

California Governor issued Executive Order No. N-25-20 and N-29-20, which among other provisions amend the Ralph M. Brown Act. Members of the public can listen to this meeting via teleconference.

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| CALL TO ORDER         | Hector De La Torre, Chairperson, called the meetings to order for the L.A. Care Executive Committee and the L.A. Care Joint Powers Authority Executive Committee at 2:24 p.m. The meetings were held simultaneously. He welcomed everyone to the meetings.  
  - For those who provided public comment for this meeting by voice message or in writing: we are really glad that you provided input today. The Committee will hear your comments and we also have to finish the business on our Agenda today.  
  - If you have access to the internet, the materials for today’s meeting are available at the lacare.org website. If you need information about how to locate the meeting materials, please let us know.  
  - Information for public comment is on the Agenda available on the web site. Staff will read the comment from each person for up to three minutes.  
  - Chairperson De La Torre will invite public comment before the Committee starts to discuss the item. If the comment is not on a specific agenda item, it will be read at the general Public Comment item 2 on today’s agenda. | Approved unanimously by roll call. 4 AYES |
| APPROVE MEETING AGENDA | The Agenda for today’s meeting was approved. | }
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<td></td>
<td>(Ballesteros, Booth, De La Torre, Gonzalez)</td>
<td>Member Curry experienced technical difficulties and was not able to vote.</td>
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<td>PUBLIC COMMENTS</td>
<td>There were no public comments.</td>
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<td>APPROVE MEETING MINUTES</td>
<td>(Member Perez jointed the meeting.)</td>
<td>Approved unanimously by roll call. 6 AYES (Ballesteros, Booth, Curry, De La Torre, Gonzalez and Perez)</td>
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<td>CHAIRPERSON’S REPORT</td>
<td>Chairperson De La Torre reported that while it is good news to have two potential vaccines for COVID-19 with effectiveness over 90%, they have not yet been approved and may be difficult to distribute. One vaccine has to be kept at low temperatures and refrigerators that are capable of those low temperatures are not common. It may also be difficult to ensure that people receive both required doses of the vaccine. It will be difficult to track the dosages. Initially there will be limited doses available and priority for receiving the vaccine has been listed. We will need to continue safe practices while distribution is underway. There is a long way to go to establish herd immunity (70-80%). He encouraged everyone to keep taking precautions and stay safe.</td>
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| CHIEF EXECUTIVE OFFICER REPORT | John Baackes, Chief Executive Officer, reported
- Thanked Chair De La Torre for his comments. He will ask Richard Seidman, MD, MPH, Chief Medical Officer, for comment at the end of the report. It will be a long time before the vaccine is widely available.
- L.A. Care is working hard given the current financial situation.
- The pandemic is affecting L.A. Care because of the number of members with COVID-19 and the resulting hospitalizations. L.A. Care is also impacted by the economic recession, with revenue cuts and reductions in reimbursement to the health plan. | |
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<td>• L.A. Care’s current fiscal year budget is projected for an operating deficit, and staff is looking at all the opportunities available to lower administrative costs and improve efficiency.</td>
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<td>• Essential services will not be cut for members.</td>
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<td>• The election results show there will be a new administration in Washington D.C., but results for members of Congress are not yet certain.</td>
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<td>• L.A. Care is concerned about the stability of the Affordably Care Act (ACA). There were oral arguments before the Supreme Court of the United States (SCOTUS) in the California v. Texas case on November 10. It appears from the comments and questions during the oral arguments that only the mandate element of the ACA might be deemed unconstitutional as a result of the elimination of the tax penalty. A decision by SCOTUS is not expected until the end of the current session in June 2021.</td>
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<td>• Congress has not yet approved another stimulus bill. If the Republicans control the U.S. Senate, the stimulus may be smaller than what might be approved with a Democratic majority in the Senate. This will be important for California to continue to support the Medi-Cal program at the level needed. California approved a state budget that relied on additional federal stimulus funding. If there is no stimulus bill, the California state budget may include cuts in benefits for Medi-Cal.</td>
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<td>• L.A. Care is doing all it can through the Community Resource Centers (CRCs) to provide assistance. Activities at CRCs or in with agencies in the communities with which we work include food distribution and back to school events, and flu shots. It becomes more clear with every event that the communities are suffering as there is always a line remaining after all the food is distributed. L.A. Care will continue to look for opportunities to collaborate at the community level for these events because the demand is not going away anytime soon.</td>
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<td>• L.A. Care is optimistic about the future. The pandemic and economic recession are opportunities to accelerate implementation of five internal goals to increase efficiency and reduce expenses. Work continues on expanding the directly contracted provider network, offering providers additional opportunity to engage in ways that may be more fruitful for them in the long run.</td>
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<td>• The recent open enrollment for L.A. Care Covered is showing positive results. L.A. Care has an excellent price position.</td>
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<td>Executive Committee Meeting Minutes November 16, 2020 Page 4 of 11 DRAFT</td>
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Most organizations of similar size conduct an annual employee survey. The employee engagement survey conducted in July and August at L.A. Care showed the highest level of engagement ever measured. Staff has responded to the crisis, has adapted to working at home, and remain focused on the mission and are doing the best they can to function as a unit despite not working in the same building.

Richard Seidman, MD, MPH, Chief Medical Officer, stated that he agrees with Chair entirely that it is incredibly important to keep up precautions for the foreseeable future. He hopes the two vaccines will soon receive emergency authorization for use and distribution. It will be many months before the vaccines are widely available as high-risk groups will be immunized first. There are over 200 million Americans that fall in the first two or three priority groups of essential workers. The vaccines that have been released are two-shot vaccines, and one has very low refrigeration requirements. Hospitals are investing in freezers that can achieve the required temperature. It is hoped there will be robust interest in receiving vaccines and that distribution will be rapid.

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<th>Government Affairs Update</th>
<th>Approve of L.A. Care's 2021 State and Federal Policy Agenda</th>
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| Cherie Compartore, Senior Director, Government Affairs, referred to the written Policy Agenda included with the meeting materials, which contains principles and policies that serve as the framework for the development and advocacy of positions on federal and state legislative, administrative, and budget issues. This Policy Agenda provides guidance for L.A. Care’s Government Affairs Department to respond effectively to proposals that could significantly impact L.A. Care’s strategic and operational interests. Reports are made to the Board of Governors on policy and specific positions in the regular distribution of the legislative matrix. She suggested discussing the Legislative Agenda overall and then discuss specifically the policies related to scope of practice proposed legislation, as Member Booth would like to discuss that topic.  

Ms. Compartore reported that the Legislative Agenda includes many of the principles from last year, with a few new topics which are highlighted in the written Policy Agenda:  
- COVID-related items  
- Social injustice  
- Support for behavioral health access and services  
- Data collection and sharing  

Member Booth stated that she feels very strongly that there is a difference in care provided by Nurse Practitioners (NP) in comparison with care provided by physicians. |  |  |
The use of NP is by example, there are other professionals that are trained for certain responsibilities. She would like to ask if the Board of Governors could support the idea that there are differences in the training and that physicians should be available for all patients. Every patient should have access to a physician. A major concern is that there are two levels of care. She views the question from the perspective of meeting the needs of the patients: better access to health care that is more affordable, and achieves the best outcome possible. It should be expected that a professional who assumes the responsibilities of the physician should provide more access when and where it is needed, at less expense and be the cause for healthier patients. She finds some issues with what they state indicates they are able to do. Groups that support NPs, such as unions and other organizations that push very hard for them to do what physicians do, and there are several states that have given NPs independence. It was found that in those independent state areas the NPs actually don’t practice in underserved communities any more than physicians, and may make it harder for that area to attract physicians because of competition. NPs can be just as expensive if not more expensive, as more studies and laboratory work are ordered. There is a risk for the patient with every study that is ordered and not all lab tests are 100% correct. She does not think it will be less expensive and that the underserved communities will experience more access to care.

Member Booth noted that physicians receive much more training: between 7 to 14 years after college before a physician can practice independently, and with NPs it is usually 2 to 4 years after college. Physicians have between 15-20,000 patient contact hours during a three-year residency, while NPs have 500-1500 hours. Continuing education requirements are also much higher for physicians. The average physician will be better prepared to get someone healthy when the stakes are high, and it is not always clear when the stakes are high. She does not believe that NPs are aware of what they don’t know. Her opinion is that in looking at the collective basis of people, NPs probably do more good than harm if they practice independently. She would prefer to see physician oversight because of the training, knowledge and experience. AB890 has been enacted and signed by the Governor, allows two new types of NPs. One of the new types has an option to practice fairly independently, but the oversight by a physician stays.

As the regulations are put forth to enact this, she asks that L.A. Care develop a position to present to the Board of Governors to indicate support for limiting the scope of practice or at least not allowing huge increases in the scope of practice for non-physicians. She acknowledges that NPs provide access, but the access should be supervised by a physician.
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| Chairperson De La Torre asked Ms. Compartore regarding discussion of legislation currently proposed or a broad statement for the Board of Governors regarding scope of practice.   | Ms. Compartore noted that there may be good parts and perhaps some controversial parts of scope of practice legislation. She recommended that Legislation regarding scope of practice will be brought to Executive committee on a bill by bill basis for consideration and recommendation could be made to the Board of Governors for consideration. Member Booth agreed, and suggested that there should be a general statement to reflect L.A. Care’s discouragement of a creation of another level of care for patients. Member Booth indicated that L.A. Care previously left the determination for scope of practice to remain with physicians, but she feels that doctors do not advocate for legislative policy. Chairperson De La Torre noted that the scope of practice legislation has been discussed by legislators for a long time. He stated that there will likely be a flood of new legislation due to the limitation to bills related to COVID-19 in 2020. He suggested a discussion at a future meeting, when proposed legislation will be available. Member Booth noted that AB890 has been signed into law already, and she encouraged discussion of regulatory issues. Dr. Seidman indicated that the Board of Registered Nurses are obligated to form a commission to work on implementation of AB890 by 2023. He provided information about a review by the California Health Care Foundation to inform the Committee. These types of issues are controversial. It is a challenging problem. The California Future Health Workforce Commission is an independent effort to develop and prioritize recommendations to meet California’s healthcare needs over the next 10 years. The commission recommended:  
- Increase the supply of Nurse Practitioners  
- Increase NP skills  
- Expand NP scope of practice to full practice authority, which enables NPs to practice independently without physician supervision and with ability to prescribe medications, including medications for the treatment of opioid abuse. Today, 28 states and the District of Columbia in the United States allow NPs full practice authority. The national data on NP practice is that most NPs practice primary care, that they are more likely than physicians to serve the underserved, and that the growth of |
### AGENDA

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<td>NPs is faster in states with full practice authority. Systematic reviews on 11 quality indicators showed that NPs achieve the same or better outcomes than physicians. In community health centers there was no difference in quality outcomes for 9 quality indicators. Some studies have shown decreased rates of hospitalizations, readmissions and emergency room (ER) visits for patients cared for by NPs. When states change to full practice authority, data for the next two years in those states have shown increases:</td>
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<td>- Over 3% increase in adults getting check ups</td>
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<td>- Over 3% increase for adults stating they have a usual source of care</td>
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<td>- Nearly 5% increase in adults saying they are always able to get an appointment when they are sick</td>
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<td>- Decrease of 11% in ER visits for ambulatory care sensitive conditions</td>
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<td>- Increase in access to opioid treatment.</td>
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He noted that this is one report, showing there are at least two sides and many different angles to this issue of expanding the scope of practice for NPs, and is not meant to oppose Member Booth but to share additional information for consideration by the Committee.

Member Curry asked if L.A. Care employed mid-level providers such as NPs or Physician Assistants (PAs). Dr. Seidman responded that L.A. Care is required to assign members to physicians, and many practices include NPs and PAs. There is a limit in the total number of mid-level providers that a physician can supervise at one time. Member Curry noted that L.A. Care should consider its position in light of the mid-level providers included in the provider network. Dr. Seidman noted that currently California requires physician supervision and AB890 would, after a three-year transition period, enable NPs in California to potentially practice autonomously as it done in other states.

L.A. Care will engage on the regulatory process for AB890, which was passed into law in 2020. Ms. Compartore will research the issue more thoroughly relating to implementation planning where the Board of Registered Nursing (BRN) will establish a Nurse Practitioner Advisory Committee to advise and make recommendations to the board on all matters relating to this bill. In addition, LA Care will engage the Board prior to engaging in the regulatory rulemaking process with public comment as implementation issues progress. |
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<td><strong>Motion EXE 100.1220</strong>&lt;br&gt;To approve L.A. Care’s 2021 State and Federal Policy Agenda, as submitted.</td>
<td>Approved unanimously by roll call. 5 AYES (Booth, Curry, De La Torre, Gonzalez and Perez) Member Ballesteros experienced technical difficulty and was not able to vote.</td>
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**Approve L.A. Care’s Revised Conflict of Interest Code**<br>Augustavia Haydel, Esq. *General Counsel*, indicated that the required revisions included updated employee positions and categories of disclosures that need to be made for the economic and financial interests which must be disclosed and types of authority that can be wielded for L.A. Care and the JPA. The changes will be redlined in the version which will be distributed for the upcoming Board meeting.

**Motion EXE 101.1220**<br>To approve revisions of the Conflict of Interest Code of the L.A. Care Health Plan, as attached, for submission to the Los Angeles County Board of Supervisors and delegate authority to CEO and General Counsel (including respective designees) to make any non-substantive changes or changes that may be required by the County upon their review. | There was no objection to placing this item on the Consent Agenda for the December 3 Board Meeting. |

**Delegation to CEO to implement revisions to Human Resources Policy HR 220 (Telecommuting) (EXE A)**<br>Terry Brown, *Chief Human Resources Officer*, noted that given the timing of the Board meetings and the current pandemic situation, it is necessary to request that the Board authorize the Chief Executive Officer and Chief Human Resources Officer to approve updates to Policy HR-220 Telecommuting prior to the next Board meeting in February, 2021.

L.A. Care Health Plan (L.A. Care) recognizes that remote work is an appropriate business tool to address employee satisfaction, commitment, productivity and the ability to attract and retain talent.

The current experience with remote work due to the COVID-19 public health emergency has allowed us to understand some benefits of this model of employment. The recent experience has identified the need to increase flexibility within HR-220 Telecommuting. As such, staff is proposing concepts to address flexibility within to HR-220 Telecommuting policy for employees whose job duties are conducive to working from home.
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<td>Below is a summary of concepts for revisions we are proposing for Human Resources Policy &amp; Procedure HR-220 Telecommuting:</td>
<td>Approved unanimously by roll call. 6 AYES (Ballesteros, Booth, Curry, De La Torre and Perez), 1 ABSTENTION (Gonzalez)</td>
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<td>• Policy will address L.A. Care’s position on both in-state and out-of-state telecommuting and related processes with an emphasis on employees remaining within commuting distance of L.A. Care to attend staff meetings, for IT support and to obtain necessary supplies. A process for approval for employees wishing to work from outside of California will be included. International telecommuting will not be allowed.</td>
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<td>• Employees will continue to be responsible for all tax and other legal implications such as the business use of their home.</td>
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<td>• Standards for Exempt and Non-Exempt Employees work availability and wage and hour compliance will be defined.</td>
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<td>• Standards to address the use of L.A. Care’s equipment, privacy, security, HIPAA and compliance with applicable standards will be addressed in the Policy or implementing documents.</td>
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|                       | • Standards for telecommuting and its terms and conditions will be set.  
Mr. Brown noted that employees’ at will status of employment will not change.  
Member Booth asked about Worker’s Compensation and safety inspection of remote work environments. Mr. Brown indicated that L.A. Care will still be responsible for Worker’s Compensation. Safety inspections are currently being conducted by photographs. Ergonomic assessments are also being conducted by photographs.  
Member Ballesteros asked how widely the safety inspection is conducted. Mr. Brown indicated that the inspections are only about the workspace.  
**Motion EXE A.1120**  
Approve delegated authority to the Chief Executive Officer and Chief of Human Resources (including their respective designees) to make necessary revisions to the Human Resources Policy & Procedure HR-220 Telecommuting consistent with concepts discussed.                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                   |
<p>| Approve the Consent Agenda for December 3, 2020 Board of Governors meeting | Approve the list of items that will be considered on a Consent Agenda for December 3, 2020 Board of Governors Meeting, Chairperson De La Torre noted that the Children’s Health Consultant Advisory Committee will consider a motion to approve a member,                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                   |</p>
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<td>and there was no objection by the Executive Committee to include a motion approved by that committee on the Consent Agenda for December 3.</td>
<td>Approved unanimously by roll call. 6 AYES (Ballesteros, Booth, Curry, De La Torre, Gonzalez and Perez)</td>
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<td></td>
<td>• Minutes of November 5, 2020 Board of Governors Meeting</td>
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<td>• L.A. Care’s Revised Conflict of Interest Code</td>
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<td>• Quarterly Investment Report</td>
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<td>• Allocation of Funds for L.A. Care Credentialing/Peer Review Committee Physician Stipends</td>
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<td>• QPerior Contract Amendment</td>
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<td>• Westfall Commercial Furniture Contract Amendment</td>
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| PUBLIC COMMENTS | There were no public comments for the closed session items. |             |

<p>| ADJOURN TO CLOSED SESSION | Ms. Haydel announced the items to be discussed in closed session. She announced there is no report anticipated from the closed session. The meeting adjourned to closed session at 3:28 p.m. |             |
|                         | CONTRACT RATES |             |
|                         | Pursuant to Welfare and Institutions Code Section 14087.38(m) |             |
|                         | • Plan Partner Rates |             |
|                         | • Provider Rates |             |
|                         | • DHCS Rates |             |
|                         | REPORT INVOLVING TRADE SECRET |             |
|                         | Pursuant to Welfare and Institutions Code Section 14087.38(n) |             |
|                         | Discussion Concerning New Service, Program, Business Plan |             |
|                         | Estimated date of public disclosure: November 2022 |             |
|                         | CONFERENCE WITH LEGAL COUNSEL – ANTICIPATED LITIGATION |             |
|                         | Significant exposure to litigation pursuant to Section 54956.9(d) (2) of Ralph M. Brown Act |             |
|                         | Three Potential Cases |             |
|                         | CONFERENCE WITH LABOR NEGOTIATOR |             |
|                         | Pursuant to Section 54957.6 of the Ralph M. Brown Act |             |
|                         | Agency Designated Representative: John Baackes |             |
|                         | Unrepresented Employee: All L.A. Care Employees |             |</p>
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<td>RECONVENE IN OPEN SESSION</td>
<td>The meeting reconvened in open session at 4:02 pm. No reportable actions were taken during the closed session.</td>
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| Employee Annual Incentive Plan | Mr. Brown reported that employees are eligible to participate in an annual incentive program based upon job classification, under one of the following components:  
- Monthly Production Incentives Program based on pre-determined criteria;  
- Individual Annual Incentives Program based on pre-determined goals; and,  

The Production Incentive Program was budgeted and is paid monthly according to policy.  
(Member Curry left the meeting.)  

This request is for authorization to payout for the Annual Incentives Program, not to exceed $7.1 million.  

**Motion EXE 102.1220**  
To authorize the disbursement of funds up to $7.1 million for the Individual Annual Incentive Program, based on the completion of pre-determined individual goals and targets in support of L.A. Care’s FY 2019-20 Organizational Goals.  
Distribution of the annual incentive payout shall be guided by Human Resource Policy No. 602, Annual Organizational Incentive Program.  

**Approved unanimously by roll call. 5 AYES (Ballesteros, Booth, De La Torre, Gonzalez and Perez)** |

| ADJOURNMENT | The meeting adjourned at 4:32 p.m. |  |
January 25, 2021

TO: Board of Governors

FROM: John Baackes, CEO

SUBJECT: 1st Quarter FY 2020-21 Vision 2021 Progress Report

This report summarizes the progress made on the activities outlined in Vision 2021, L.A. Care’s Strategic Plan. This is the first quarterly report for the 2020-21 fiscal year, which represents the third and final year of our three-year plan. We are starting our first quarter off strong and we adjusted some activities as needed to account for the continuing impacts of the COVID-19 pandemic.

L.A. Care’s notable first quarter activities include:

- Expanded our Direct Network by contracting and adding nearly 200 specialists.
- Medi-Cal Value Initiative for IPA Performance (VIIP)/Pay for Performance (P4P) Performance Reports and Payments were released to Physicians, Clinics, IPAs and Plan Partners in December 2020.
- L.A. Care Community Link added click-to-call functionality to the website. Members who search for assistance related to COVID and wildfires can now be linked directly to the State’s new CalHOPE disaster counseling hotline.
- Continued to focus on our multi-year, multi-faceted systems improvement projects (for customer service, financial management, provider data management, care management, and encounter management).
- The Consumer Equity Council, established to help inform the internal Member Health Equity Council, held an orientation meeting in mid-December.
# High Performing Enterprise

A high functioning health plan with clear lines of accountability, processes, and people that drive efficiency and excellence.

## Goal 1.1

**Achieve operational excellence through improved plan functionality.**

<table>
<thead>
<tr>
<th>Key Activities</th>
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<tbody>
<tr>
<td>Enhance the systems, tools, and processes to improve customer service through the Voice of the Customer (VOICE) initiative.</td>
<td>![Color Indicator] Yellow</td>
<td>L.A. Care re-committed to the VOICE program and approved funding to continue the build of the L.A. Care member data lake (repository), modernization of member call flows, and optimization of provider change transactions to reduce transaction times and reduce opportunities for error. Regulatory initiatives will also be addressed by the VOICE program team to ensure that the organization not only remains in compliance, but can maintain the flexibility and agility required to serve our members at their point of need. Under VOICE, the program team has been able to utilize the enterprise Online and Print Provider Directories as a viable option amongst L.A. Care's member communication tools by keeping members informed of provider accessibility in light of the COVID-19 pandemic.</td>
</tr>
<tr>
<td>Improve business functions related to financial management with the Enterprise Resource Platform (ERP).</td>
<td>![Color Indicator] Green</td>
<td><strong>Phase 1:</strong> The L.A. Care Covered (LACC) Billing transition from the third-party billing vendor (WEX) to SAP was completed. L.A. Care now officially performs the billing and all related billing functions for LACC, L.A. Care Covered Direct (LACCD), PASC-SEIU, PASC-COBRA lines of business, starting with 2021 enrollment. With billing functions now in-house, SAP FS-CD (Collections/Disbursements) module has now automated 75-90% of the billing related processes that were currently performed by Medical Payment Systems and Services manually. We are improving and enhancing our members experience through the usage of self-service functions of the payment</td>
</tr>
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</table>
### Key Activities

| Modernize provider data management through continued operations of the Total Provider Management (TPM) initiative. |

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<th>Status</th>
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<tr>
<td>Green</td>
<td>Processes. This includes the Paynow application where new member can make their binder payments immediately after enrolling through Covered California. Through the new Member Payment portal LACC, LACCD, COBRA members can pay their premiums with credit cards and electronic checks (ACH), manage their recurring payments, and view their payment history. With Interactive Voice Response (IVR), members can pay through their phones can access open invoice information and make payments, which are processed in real-time. The real-time integration with SAP and QNXT will allow QNXT to simultaneously lift restrictions with processed payment. This will enable members’ ability to obtain services sooner. Lastly, there is full banking integration with SAP and Bank of America to facilitate different types of member payments through Lockboxes, ACH, Credit Cards.</td>
</tr>
<tr>
<td>Yellow</td>
<td>Phase 2: Functional specs have been completed. Teams are working on development activities and test scenarios to begin business testing on 1/14/21.</td>
</tr>
<tr>
<td>Blue</td>
<td>TPM continued to support PPG groups in test submission of Standardized Provider Intake file (SPF) data. The Integrated Provider Data Strategy was initiated with Provider Network Management and TPM stakeholders. The Integrated Strategy aligns and prioritizes provider data needs across production systems and processes and future TPM strategies. The initial component of the Integrated Provider Data Strategy to be implemented is the processing of production of SPF data through the TPM Data Quality by Year End (DQYE) framework to update MPD (legacy system) data using validated SPF data. The first PPG to move into production is scheduled to submit production data in January 2021. The three remaining scheduled TPM projects are currently on hold pending resource allocation and are anticipated to start in Q2 2021: (1) TPM Standardized Provider Dataset Project 1 Online Provider Directory (PPG and Direct Network providers); (2) TPM Standardized Provider Dataset Project 2 Printed Provider Directory (Plan Partners, Specialty Health Plans, and Pharmacy); and (3) Regulatory Reporting/Sunset Provider Network Operations Repository (PNOR).</td>
</tr>
<tr>
<td>Red</td>
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</table>
## Quarterly Progress Report
October – December 2020

### Key Activities Status Update

| Improve coordination of care for members with the Care Catalyst initiative, and the Population Health Management System (SyntraNet/Thrasys) | User Acceptance Testing (UAT) started and continues to progress. System modifications are being made based on tester feedback. UM Managers, Supervisors and designated front line staff are participating as end-users for UAT. Super User training scheduled to begin early FY 2020-21 Q2. |
| Implement strategies to improve encounters and risk adjustment processes | Edifecs Phase 3 is underway to include the LACC line of business onto the Edifecs processing platform and internalizing the processing and submission of LACC data for Risk Adjustment purposes. Implementation is on track for the start of Q3 2021, which will provide more control over the data submitted and processing time to improve the quality and quantity of data we can submit for risk adjustment calculations. |
| Implement improvements for diversity and inclusion within the L.A. Care workforce, as recommended by the L.A. Care Team Equity Council | The L.A. Care Team Equity Council established objectives. Current Council activities include:  
  - Examining the employee life cycle and making recommendations/suggestions to address any potential bias-based occurrences.  
  - Hosting check-ins with departments to discuss and listen to reactions and concerns regarding recent attention on inequities.  
  - Creating employee book club discussing equity topic to be launched in 2021. |

### Goal 1.2
Maximize the growth potential of our product lines.

| Key Activities | Status | Update |
| Implement a product governance process to ensure enterprise-wide alignment for products, programs, and service offerings across all lines of business | | Ideas that have product implications continue to get vetted by the Product, Strategy, Sales and Marketing (PSSM) department to ensure that ideas recommended for implementation reflect the needs of products and membership. For example, the Chief Product Officer participates with Health Services in developing our virtual care strategy. Product leadership also lead cross-functional teams to ensure a consistent approach to cross-cutting issues across all products. |

### Color Indicator Legend
- Green – On target, no issues
- Yellow – Some issues, probable risks, concerns
- Red – Major issues, high risk
- Blue – Complete
## Key Activities

<table>
<thead>
<tr>
<th>Activity</th>
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<tbody>
<tr>
<td>Create a tailored approach to member enrollment and retention, based on unique needs of the product.</td>
<td>Green</td>
<td>The Marketing team continues to drive the mapping of member touchpoints for each Line of Business. Member touchpoints have been aggregated and are being cross referenced against additional data sets from third parties to make sure that mapping is as comprehensive as possible. Our workgroup is intending to finalize mapping along with recommendations for improvement and efficiency by the end of Q1.</td>
</tr>
<tr>
<td>Leverage our ability to offer member choice and provide value-added programs for all product lines.</td>
<td>Green</td>
<td>In addition to continuing to offer Minute Clinic and telehealth for our members, we are considering other value-added programs. In an effort to promote preventive care screening during the pandemic, we are enhancing awareness and the importance of periodic and timely screening of colorectal cancer with Cologuard and other occult blood detection procedures that can be done in the convenience of home. These methods are designed to detect colorectal cancer for individuals at average risk. L.A. Care has been leading collaborative meetings with Anthem and Blue Shield Promise to determine the scope and guidelines related to the pilot Video Remote Interpreting project, which will improve access to interpreting services in provider settings. The collaborative has agreed upon a pilot description and is finalizing the charter which details operational components.</td>
</tr>
<tr>
<td>Plan and prepare for the implementation of a Dual Eligible Special Needs Program to serve our dually eligible Medi-Cal and Medicare population.</td>
<td>Green</td>
<td>CMS has introduced a proposed contracting model for Medicaid plans that appears to encourage unintegrated care by supporting enrollment in Medicaid Managed Care with Medicare FFS. This creates headwinds in the advancement in integration that Medicare-Medicaid Pan and Dual Eligible Special Needs programs operationalize today and in the planned future. Limited information exists as of the end of Q1, however CMS proposes is planning to launch the program in January 2022.</td>
</tr>
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</table>
2 High Quality Network

A network that aligns reimbursement with member risk and provider performance to support high quality, cost efficient care.

Goal 2.1
Maintain a robust provider network that supports access to high-quality, cost efficient care.

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<tr>
<th>Key Activities</th>
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</thead>
<tbody>
<tr>
<td>Engage in a provider network strategy that meets distinct business and competitive needs of all products and ensures that members receive high-value care.</td>
<td></td>
<td>Focus remains on supporting our network of contracted physicians as they continue to care for our members during the COVID-19 pandemic.</td>
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<td>Optimize oversight of delegated functions.</td>
<td></td>
<td>The Delegated Entity Manual publication date has been pushed back to February 2021 to incorporate various changes. The Delegation Oversight department will be hosting an annual Delegate Town Hall to update delegates on changes to its oversight program. In addition, there is an audit moratorium in place to allow providers to focus on responding to the pandemic and relieve them from administrative audit responsibilities for at least 90 days.</td>
</tr>
<tr>
<td>Implement initiatives to promote diversity and equal opportunity among vendors, providers, and purchased services, as recommended by the Vendor and Provider Equity Council.</td>
<td></td>
<td>The Vendor and Provider Equity Council is prioritizing efforts on provider concordance and diverse vendors/suppliers opportunities at L.A. Care. Currently, the Council is gathering and reviewing internal data to establish baselines and potential goals for these efforts.</td>
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Goal 2.2
Build foundational capabilities to support expansion of the L.A. Care Direct Network.

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<th>Key Activities</th>
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<tbody>
<tr>
<td>Strategically develop, expand, and address gaps in the Direct Network to meet all member needs.</td>
<td>![Green]</td>
<td>L.A. Care improved the adequacy of its specialty network to increase access county-wide by contracting and activating nearly 200 specialists before the close of CY2020. The Provider Network Management team has also enhanced existing algorithms and dashboards to gauge success in achieving FY 2020-21 Enterprise Goals related to adequacy and access within the Direct Network.</td>
</tr>
<tr>
<td>Improve the operations of all L.A. Care functions necessary to support and scale up the Direct Network.</td>
<td>![Red]</td>
<td>The Direct Network Steering Committee has finalized and prioritized an operational issues list and is working with the Direct Network workgroup to formulate and implement solutions to address those issues.</td>
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Goal 2.3
Providers receive the individualized information and resources they need to provide high-quality care with low administrative burden.

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<th>Key Activities</th>
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<tr>
<td>Provide practices with actionable data, education, and resources to support ongoing efforts to improve quality and NCQA status.</td>
<td>![Yellow]</td>
<td>The final Measure Year (MY) 2019/Reporting Year (RY) 2020 Medi-Cal Value Initiative for IPA Performance (VIIP)/Pay for Performance (P4P) Performance Reports and Payments were released to Physicians, Clinics, IPAs and Plan Partners in December 2020. MY19/RY20 LACC and CMC VIIP Reports are being completed with a plan to distribute to IPAs in January 2021. The LACC VIIP reports will accompany incentive payments while CMC VIIP reports are scheduled for incentive payments beginning MY20/RY21. IPAs submitted final Action Plans to L.A. Care and subject matter experts currently reviewing project results and preparing final feedback. Additional Quality Improvement activities to support the provider network continued: educational webinars and trainings, distributions of provider opportunity and gaps in care reports, encounter reports, and the 2020 CG-CAHPS member experience survey began fielding.</td>
</tr>
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</table>

October to December 2020, L.A. Care Provider Continuing Education (PCE) Program offered several one hour webinars with 1 CME / CE credit per webinar to L.A. Care providers, other physicians, L.A. Care staff and other healthcare professionals. Topics included postpartum depression and maternal well-being, asthma, diabetes, chronic
## Quarterly Progress Report

**October – December 2020**

<table>
<thead>
<tr>
<th>Key Activities</th>
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<tbody>
<tr>
<td>Celebrate top providers and improved performance.</td>
<td>Green</td>
<td>The Provider Appreciation Ceremony is on track and within budget. A virtual event will be held on February 25, 2021 with Lynette Romero from KTLA as the host. The workgroup is coordinating the filming of segments for the winning providers and planning the digital awards program (in compliance with CDC recommended guidelines), slated to air live. Winners will receive awards, L.A. Care swag, be named in the LA Business Journal’s “Top Doctors for 2021,” and have a billboard placed honoring them. For the provider gratitude track, thank you cards were sent to all providers Thanksgiving 2020 and we have set up the “Thank You Providers” landing page on the lacare.org website: <a href="https://www.lacare.org/ThankYouProviders">https://www.lacare.org/ThankYouProviders</a>.</td>
</tr>
</tbody>
</table>
| Offer access to loan repayment and recruitment assistance for new physicians (Elevating the Safety Net). | Yellow | • Physician Recruitment Program (PRP) – We continue to grow PRP with 169 grants awarded and 120 providers hired. The Cycle 9 application period will open on or around January 26th 2021.  
• Physician Loan Repayment Program (PLRP) – We currently have 69 providers awarded and staff is working to disburse another $6 million to Uncommon Good in Q1 to continue awarding funds to additional providers through the new fiscal year. |

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### Color Indicator Legend

- **Green** – On target, no issues
- **Yellow** – Some issues, probable risks, concerns
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- **Blue** – Complete
### Key Activities
Support practice transformation and use of electronic resources such as Electronic Health Records (EHRs), Health Information Technology (HIE), and virtual care.

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<tr>
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<td>Multiple updates pertain to our practice transformation and virtual care efforts:</td>
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<td>- As a CMS Network of Quality Improvement and Innovation Contractor (NQIIC), L.A. Care will bid on select projects.</td>
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<td>- L.A. Care successfully completed the California Technical Assistance Program (CTAP) in December, helping providers achieve 7,900 milestones, which earned $9.9M.</td>
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<td>- L.A. Care and First 5 LA are finalizing a partnership to help practices improve child development.</td>
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<td>- eManagement is implemented with 95 providers serving 75,000 MCLA members.</td>
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<td>- Transform L.A. virtually coaches 14 Direct Network practices with 136 providers, 3,200 Direct Network members, and 30,000 L.A. Care members.</td>
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<td>- HIT and Health Services finished the first part of the L.A. Care virtual care strategy.</td>
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<td>- LANES is contracting L.A. Care HIT to support California Medi-Cal HIE Onboarding Program (CalHOP) enrollment and HIE milestone achievement in the Direct Network.</td>
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</tbody>
</table>

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3 Member-Centric Care

Member-centric services and care, tailored to the needs of our varied populations.

Goal 3.1
Understand our member needs so we can better manage their care and plan for the future.

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<th>Key Activities</th>
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<tbody>
<tr>
<td>Use all available data sources, including the Optum Impact Symmetry Suite (Member360), to assess and improve the population health of our membership.</td>
<td>Green</td>
<td>L.A. Care continues to socialize the use of the Optum Impact Symmetry Suite across the Health Services department. Optum conducted an in-depth analysis of our member experience results and the primary finding was that individuals with less acute disease states, including healthy individuals, are less likely to be satisfied with the care they receive. L.A. Care has completed drafting the annual Population Health Assessment (NCQA), and Population Needs Assessment (DHCS). To assess social determinants of health, a combination of data from the Symmetry Suite and the Area Deprivation Index was used.</td>
</tr>
</tbody>
</table>
| Incorporate assessment of social needs into the day-to-day work of staff who interact directly with members. | Yellow | Community Link
L.A. Care Community Link added click-to-call functionality to the website. Members who search for assistance related to COVID and wildfires can now be linked directly to the State’s new CalHOPE disaster counseling hotline. Of the first 2,000 members who were searched for disaster assistance, more than 10% clicked on the link to reach a live operator.

Care Management
The assessment of social needs is a central component of care management assessment. Once members are assessed, the Care Manager sets an individualized care plan in motion to coordinate care and mobilize resources to address all of the members’ needs, including social needs. Community Health Workers continue to play a key role for the most vulnerable members involved in Care Management – while we are still not conducting in-person interventions due to the ongoing pandemic, Community Health Workers have resumed member accompaniment for telehealth visits where they help the members prepare for their medical appointments and attend per member’s request, as needed.
## Key Activities Status Update

**As part of the CM teams’ ongoing efforts to enhance the knowledge and skillset of our CMs and CHWs, the team received a four week training program to educate team members on how to best assess and address member and caregiver needs as they relate to members with cognitive decline.**

| Improve coordination of care for members with the Care Catalyst initiative, and the Population Health Management System (SyntraNet/Thrasys). | **User Acceptance Testing (UAT) started and continues to progress. System modifications are being made based on tester feedback. Utilization Management Managers, Supervisors and designated front line staff are participating as end-users for UAT. Super User training scheduled to begin early FY 2020-2021 Q2.** |

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### Goal 3.2
**Address members’ unmet health and social needs by making care accessible in the right way, at the right place, at the right time.**

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<th>Key Activities</th>
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<tbody>
<tr>
<td><strong>Increase access to virtual care by implementing the initial steps of L.A. Care’s Virtual Care Strategy.</strong></td>
<td><strong>Green – On target, no issues</strong></td>
<td>L.A. Care launched the initial stages of the new Virtual Care Strategy. An implementation workgroup is exploring potential specialists who may able to provide high-quality and accessible virtual care services for primary care providers and members. Efforts are targeting to select a group of virtual care specialists in Q1 of FY2020-2021.</td>
</tr>
<tr>
<td><strong>Expand care management at Community Resource Centers/Family Resource Centers.</strong></td>
<td><strong>Yellow – Some issues, probable risks, concerns</strong></td>
<td>Community Health Workers (CHWs) continue to play a key role for the most vulnerable members involved in Care Management. While we are still not conducting in-person interventions due to the ongoing pandemic, CHWs have resumed member accompaniment for telehealth visits where they help the members prepare for their medical appointments and attend per member’s request as needed. As Community Resource Centers reopen, the Care Management team is committed to partner with the Community Resource Center leadership to ensure a safe transition of Care Management team members to the community. However, in December Community Resource Centers closed for all in person activities due to the pandemic.</td>
</tr>
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</table>

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### Key Activities

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<tbody>
<tr>
<td>Implement strengthened or expanded activities to promote equity among members, as recommended by the Member Health Equity Council.</td>
<td>![Green]</td>
<td>The Member Health Equity Council is establishing goals and metrics. The Council also launched the Consumer Equity Council to provide guidance to Member Equity Council. An orientation for Consumer Equity Council members was held on 12/17/2020.</td>
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## 4 Health Leader

**Recognized leader in improving health for low income and vulnerable communities.**

### Goal 4.1
**Be a local, state, and national leader to advance health and social services for low income and vulnerable communities.**

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<tbody>
<tr>
<td>Advocate for policies that improve access to care and quality of life for low income communities.</td>
<td></td>
<td>In January, CMS announced that they were permanently withdrawing the Medicaid Fiscal Accountability Rule proposal, which L.A. Care had opposed through advocacy efforts. In December, John Baackes discussed vaccine distribution with CMS and provided the perspective of L.A. Care, as the nation’s largest public health plan. Concerns about timing because of the Medi-Cal pharmacy carve-out and cost were discussed. The state announced about two weeks ago that it would bear the cost of the vaccine administration via FFS. As mentioned in an earlier activity, CMS announced a proposed Direct Contracting Model: Professional and Global Options Medicaid Managed Care Organization-Based Direct Contracting Entity (DCE Program). John Baackes shared his concerns that the DCE program would actually result in less integrated care than currently provided in our state program, Cal Medi-Connect, of which L.A. Care is a participant. On December 30, 2020, L.A. Care sent a letter citing our concerns with the pilot that is being considered.</td>
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</table>

| Demonstrate the value of a public option. | | L.A. Care continues to advocate the value of a public option in the healthcare system, and state and federal activities related to a public option continue to be monitored. |
Quarterly Progress Report
October – December 2020

Key Activities Status Update
Contribute to and participate in the State’s Medi-Cal Waiver design efforts to ensure waiver programs support and meet member needs.

The state began to resume discussions regarding Waiver design efforts for Cal-AIM (California Advancing and Innovating Medi-Cal), which had previously been put on hold due to the pandemic. L.A. Care continues to support design discussions and advocate on behalf of our members to ensure that the final waiver will improve care.

Identify and prioritize actions, programs, and interventions to promote equity and social justice internally and externally, as recommended by the Equity Council Steering Committee.

The Equity Council Steering Committee authored a number of statements regarding issues which have an equity impact, for example, USPS service disruptions and the recent Executive Order on Diversity and Inclusion trainings. Additionally, the committee recommended an Enterprise Goal for staff to receive diversity and inclusion training. L.A. Care also partnered with Los Angeles County for inaugural LA vs Hate United Against Hate Week, on November 30-December 6.

Goal 4.2
Implement initiatives that improve the health and wellbeing of those served by safety net providers.

Key Activities Status Update
Continue and expand the Elevating the Safety Net initiative.

• Health Career Connections (HCC) – L.A. Care approved $800 million to add the ESN Health Careers Internship Program. The program will place as many as 115 interns and scholars in primary care and other health settings with the goal of increasing the number of talented workers committed to serving in L.A. County’s safety net.
• Residency Support Program (RSP) – Staff continue to work on contracting and disbursement of $4.5 million to four institutions: AltaMed, CDU, UCLA and Adventist Health White Memorial. Disbursement of funds is scheduled for Fall 2021.
• Medical School Scholarships – We currently have 24 scholars. L.A. Care is working with UCLA and CDU on another cohort of eight for 2021.
• Physician Recruitment Program (PRP) – We continue to grow PRP with 169 grants awarded and 120 providers hired. The Cycle 9 application period will open on or around January 26th 2021.
• Physician Loan Repayment Program (PLRP) – We currently have 69 providers awarded and staff is working to disburse another $6 million to Uncommon Good in Q1 to continue awarding funds to additional providers through the new fiscal year.
• Elevating Community Health – The first and second cohorts of the CHW training program are participating in continuing education (CE) sessions while our third cohort is slated to begin in February 2021. The California Long-Term Care Education Center
### Key Activities

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</table>
| (CLTCEC) IHSS+ Provider Integration Training Program over 3,400 graduates through the end of Q1.  
- National Medical Fellowship (NMF) – The Summer 2020 cohort completed successfully. |        |                                                                                                                                                                                                         |
| Expand the number, size, and scope of our Community Resource Centers to a total of 14 sites across 11 Regional Community Advisory Committee regions in partnership with Blue Shield of California Promise Health Plan. |        | Metro L.A. Community Resource Center (CRC) has opened. Other centers reopened between Sept. and November 2020, with visitors by appointment only. Telehealth, resource and referral, and member services were only offered at the CRCs at this time. Virtual programming expansion continues. Lease finalization is continuing for Norwalk, Long Beach, and new Inglewood site. Pre-construction work on those sites and El Monte site continue. Full construction now in progress for Wilmington site. All CRCs closed in December due to the pandemic and will resume services when it is safe to do so. |
| Continue to optimize the Health Homes Community-Based Care Management Entity network and improve operations, pending clear direction from the State on Medi-Cal waiver design efforts. |        | Although no new CB-CMEs were added during Q1, several CB-CMEs hired new staff, expanding L.A. Care’s overall HHP network capacity to serve additional members. Deployments of new technology enhanced program operations by automating portions of the program’s enrollment process and creating additional mechanisms to facilitate member/CB-CME attribution. L.A. Care continues to invest in capacity building and training on best practices for the CB-CME network through the provision of ongoing webinars, newly launched coaching on housing navigation and tenancy support services, as well as forthcoming coaching to drive improvement in assessment and care plan development. |

### Color Indicator Legend

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- Red – Major issues, high risk
- Blue – Complete
Date: January 25, 2021

Motion: To approve revisions to Communications Policy COMM-004 (Social Media), as submitted.
# SOCIAL MEDIA POLICY

**COMMUNICATIONS**

**Supersedes Policy Number(s):** CM-004

## Dates

<table>
<thead>
<tr>
<th>Effective Date</th>
<th>Review Date</th>
<th>Next Annual Review Date</th>
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<tbody>
<tr>
<td>6/6/2011</td>
<td>8/30/2019/10/20/2021</td>
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<tr>
<td>Legal Review Date</td>
<td>Committee Review Date</td>
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## Lines of Business

- [x] Cal MediConnect
- [x] L.A. Care Covered
- [x] L.A. Care Covered Direct
- [x] MCLA
- [x] PASC-SEIU Plan
- [x] Internal Operations

## Delegated Entities / External Applicability

- [ ] PP – Mandated
- [ ] PP – Non-Mandated
- [ ] PPGs/IPA
- [ ] Hospitals
- [ ] Specialty Health Plans
- [ ] Directly Contracted Providers
- [ ] Ancillaries
- [ ] Other External Entities

## Accountability Matrix

<table>
<thead>
<tr>
<th>Communications</th>
<th>Entire Policy</th>
<th>Human Resources</th>
<th>[4.5, 4.6]</th>
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<td>3.7</td>
<td>Information Services</td>
<td>3.1, 4.4</td>
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## Attachments

- n/a

## Electronically Approved By The Following

<table>
<thead>
<tr>
<th>OFFICER</th>
<th>DIRECTOR</th>
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<tbody>
<tr>
<td><strong>NAME</strong></td>
<td><strong>DIRECTOR</strong></td>
</tr>
<tr>
<td>John Baackes</td>
<td>Misty De Lamare</td>
</tr>
<tr>
<td><strong>DEPARTMENT</strong></td>
<td><strong>COMMUNICATIONS</strong></td>
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<td>Executive Administration</td>
<td>Communications</td>
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<tr>
<td><strong>TITLE</strong></td>
<td><strong>DIRECTOR</strong></td>
</tr>
<tr>
<td>Chief Executive Officer</td>
<td>Director, Communications</td>
</tr>
</tbody>
</table>
AUTHORITIES


REFERENCES

- L.A. Care Code of Conduct
- L.A. Care Policy and Procedure CM-002, “Media Guidelines”
- L.A. Care Policy and Procedure, HR-214, “Progressive Discipline”
- L.A. Care Policy and Procedure, HR-211, “Non-Retribution/Non-Retaliation”
- L.A. Care Policy and Procedure 2522 “Internet Usage”

HISTORY

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<tr>
<th>REVISION DATE</th>
<th>DESCRIPTION OF REVISIONS</th>
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<td>10/20/2011</td>
<td>Communications, CM-004, NEW POLICY – annual review for 10/20/2012</td>
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<td>12/14/2012</td>
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<td>08/30/2019</td>
<td>COMM-004 Annual Review</td>
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<td>01/28/2020</td>
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DEFINITIONS

Please visit the L.A. Care intranet for a comprehensive list of definitions used in policies: http://insidelac/ourtoolsandresources/departmentpoliciesandprocedures
1.0 OVERVIEW:

1.1 L.A. Care Health Plan (L.A. Care) must ensure that the use of Social Media communications convey accurate information, does not violate applicable state and/or federal laws, applicable L.A. Care policies, and maintains L.A. Care’s integrity, reputation, and brand. L.A. Care has established and implemented this policy and procedure for communicating L.A. Care-related information via Social Media. The purpose of this policy and procedure is to provide L.A. Care Employees and/or Associates and other Social Media Users with clear expectations, guidelines, and requirements for participation in and engagement with L.A. Care Authorized Social Media.

1.2 L.A. Care does not intend to discourage L.A. Care employees and/or associates and other Social Media Users from self-publishing, self-expression, or the use of personal Social Media. However, please refer to review Section 4.0, “Social Media Guidelines”, below, and contact The Human Resources Department through your designated HRBP or sending an email to myHR@lacare.org for guidelines concerning personal expression and the use of non-corporate L.A. Care owned/branded Social Media Accounts. Any inquiries should be directed to the Communications Department by email to socialmedia@lacare.org, who will refer urgent inquiries over to Human Resources Department through your designated HRBP via or sending an email to myHR@lacare.org.

1.3 Any representation on behalf of L.A. Care via any Social Media can only be initiated through and authorized by through authorized staff within L.A. Care’s the Communications Department (socialmedia@lacare.org). Any official L.A. Care and L.A. Care-related website or webpage on any Social Media must be authorized by the Communications Department, all other such websites and/or Social Media accounts are prohibited. Any website or page existing without prior authorization of the Communications Department is subject to review and may be amended or immediately removed.

2.0 DEFINITIONS:

Whenever a word or term appears capitalized in this policy and procedure, the reader should refer to the “Definitions” below.

2.1 L.A. Care employees and/or associates – For the purpose of this policy only, the terms L.A. Care employees and/or associates.
associate includes any member of the L.A. Care Board of Governors, any member of any of the L.A. Care committees, including Community Advisory Committees, any L.A. Care employee, privileged medical staff, residents, temporary staff member, consultant, sub-contractor, intern or volunteer of L.A. Care.

2.12.2 **Social M**edia Us**e**rs – For the purpose of this policy only, this term includes account holders on Social Media networks (see Social Media definition below) who engage with L.A. Care Social Media accounts by commenting, sharing, posting and/or tagging the L.A. Care Social Media accounts, or on the L.A. Care Social Media account pages/profiles.

2.2.3 **Electronic Protected Health Information (ePHI)** - Any protected health information (PHI) which is stored, accessed, transmitted or received electronically.

2.3.4 **HIPAA** - Acronym that stands for the Health Insurance Portability and Accountability Act of 1996, a US law designed to provide privacy and security standards to protect patients’ medical records and other health information provided to health plans, physicians, hospitals and other health care providers. Developed by the Department of Health and Human Services, these standards provide patients with access to their medical records and more control over how their personal health information is used and disclosed by covered entities. They represent a uniform, federal floor of privacy and security protections for patients across the country. State laws providing additional protections to patients are not affected by this new rule. HIPAA took effect on April 14, 2003.

2.4.5 **L.A. Care Authorized Social Media** – Any Social Media used by L.A. Care for business-related purposes, and approved by the Communications Department. Including but not limited to Twitter, Facebook, LinkedIn, Instagram, Tumblr, YouTube, and Pinterest.

2.5.6 **Personally Identifiable Information (PII)** – any information about an individual, including, but not limited to, education, financial transactions, medical history, and criminal or employment history, and information which can be used to distinguish or trace an individual’s identity, such as their name, social security number, date and place of birth, mother’s maiden name, biometric records, etc., or other personal information which is linked or is linkable to an individual. PII may include, but is not limited to, PHI.

2.6.7 **Protected Health Information (PHI)** – Individually identifiable health information (essentially member information) that is transmitted and maintained in any form or medium. PHI excludes individually identifiable health information in education records covered by the Family Educational Rights and Privacy Act (FERPA), employment records held by L.A. Care in its role as
employer, and such information regarding a person who has been deceased for more than fifty (50) years.

2.8 **SOCIAL MEDIA** – Any technology tool or online space for integrating and sharing user-generated content in order to engage constituencies in conversations and allow them to participate in content and community creation. Examples include any social media or social network, including without limitation blogs, Facebook, Twitter, Tumblr, Instagram, TikTok, Reddit, Pinterest, LinkedIn and YouTube, forums, chat rooms, personal blogs or other similar forms of online journals, diaries or personal newsletters.

3.0 **POLICY:**

3.1 **L.A. Care Authorized Social Media**

3.1.1 Only L.A. Care employees and/or associates who have been approved by L.A. Care’s Communications Department may represent L.A. Care, post information, make representations, or communicate on behalf of L.A. Care on L.A. Care Authorized Social Media (or any other Social Media site).

3.1.1.1 L.A. Care Authorized Social Media sites may have webpages or content areas that are assigned to departments, divisions, or programs at L.A. Care. This policy applies to such pages, as well as to content maintained by the Communications Department.

3.1.1.2 If someone from the media or press contacts any L.A. Care employees and/or associates about posts made on L.A. Care Authorized Social Media forums or any other Social Media forums, which relate to L.A. Care business, information, actions taken, mission, purpose, programs, lines of business, or similar matters, L.A. Care employees and/or associates must immediately contact the Communications Department and follow L.A. Care Policy and Procedure COMM-002, “Media Guidelines.”

3.1.2 All L.A. Care employees and/or associates are expected and required to adhere to all L.A. Care Policies and Procedures, including without limitation, anti-harassment, anti-discrimination, non-retribution/non-retaliation, confidentiality of private information (e.g., ePHI, PII and PHI) and the L.A. Care Code of Conduct when using or participating in L.A. Care
Authorized Social Media or when representing L.A. Care on any Social Media site.

3.1.3 L.A. Care employees and/or associates shall not post any material that is obscene, defamatory, profane, libelous, threatening, harassing, abusive, hateful, or embarrassing to another person or entity when posting to L.A. Care Authorized Social Media sites or when representing L.A. Care on any Social Media sites.

3.1.4 L.A. Care employees and/or associates shall not use or disclose any member/patient PHI or PII of any kind on any L.A. Care Authorized Social Media without the express written permission of the member/patient or otherwise authorized by applicable laws. Even if an individual is not identified by name within the information you wish to use or disclose, if there is a reasonable basis to believe that the person could still be identified from that information, then its use or disclosure could constitute a HIPAA violation, and is prohibited under this policy.

In every possible case of member communications through Social Media, L.A. Care employees and/or agents will try to direct the person in question to authorized, secured channels of communication. Initially, a member of the L.A. Care Communications Department Social Media Team employee (socialmedia@lacare.org) will address online member inquiries. We will try to In the response, every effort will be made to adjust messaging to be as specific as possible to member needs while complying with applicable privacy laws and trying to direct them towards more secure lines of communication.

3.1.5 L.A. Care employees and/or associates shall not post content or conduct any activity that fails to conform to any and all applicable state and/or federal laws, or applicable L.A. Care policies. For protection of L.A. Care and its employees and/or associates, it is critical that all L.A. Care employees and/or associates abide by applicable copyright and trademark laws by ensuring that permission is obtained to use, download, post, or reproduce any copyrighted text, photo, graphic, image, video, or any materials owned by others. If discovered, L.A. Care shall promptly remove any copyrighted, trademarked, or plagiarized property used, downloaded, posted or reproduced without the required prior authorization or permission.
3.2 L.A. Care employees and/or associates shall not post, disclose or share any confidential information of L.A. Care, including but not limited to any trade secrets or confidential rates, any information, records, documents or materials protected by Welfare & Institutions Code 14087.38 (n) and (m), attorney-client, attorney-work product, closed session or other confidential information as provided under applicable law. Unauthorized disclosure of confidential information will result in disciplinary action, investigation and disciplinary action, up to and including termination.

4.0 L.A. Care Social Media Guidelines

The following are guidelines that Social Media Users must follow when engaging with L.A. Care Authorized Social Media. These guidelines also address L.A. Care employees and/or associates the personal use of Social Media at work and outside of work by L.A. Care Employees and/or Associates. A link to access these guidelines will be made available to Social Media Users on all L.A. Care Authorized Social Media accounts.

4.1 L.A. Care has several active communities online, including, but not limited to, Facebook, Twitter, Instagram, YouTube, LinkedIn, and blog pages. L.A. Care Employees and/or Associates are encouraged you to view these communities and get engaged. We L.A. Care appreciates open discussions, and look forward to your comments, stories and experiences.

4.1.1 Before commenting, posting and/or tagging, L.A. Care Employees and/or Associates should you comment, post and/or tag, make sure to read and must follow these guidelines.

4.1.2 Social Media Guidelines

4.1.3 The purpose of L.A. Care Authorized Social Media accounts is to connect with the community, to provide information on L.A. Care events, and to share other relevant content. By posting any content to any L.A. Care Authorized Social Media Account on the internet, you accept the following terms of use, as well as any other terms required by the company that owns and operates the underlying Social Media platform (e.g. Facebook, Twitter, etc.).

4.1.4 L.A. Care encourages Social Media User comments; however, please do not include any medical, personal or confidential information in your comments and/or messages. L.A. Care will moderate/delete comments on its Social Media accounts as necessary to prevent medical, personal and confidential information from being posted on this site. In addition, L.A. Care will remove all spam, hate speech, personal attacks which target protected classes, and profane, obscene, vulgar, threatening, violent, harassing, or discriminatory comments, and off-topic commentary from its Social Media accounts, and may block Social Media Users who repeatedly post such content.
4.1.5 L.A. Care may delete, remove, or hide comments and/or posts, or block Social Media Users who make comments, posts, and/or tags that:

- include fraudulent, inappropriate, inaccurate, false, libelous, or misleading information about it, its employees and/or Associates, including volunteers, Community Advisory Committee members, Board Members, contractors, or its competitors.
- are disparaging in nature or include offensive, inflammatory, sexual, or inappropriate commentary or content.
- include profanity or are defamatory, abusive, discriminatory, or demeaning.
- contain threats or suggest violence or illegal behavior.
- include personal information such as email addresses, last names, phone numbers, account numbers, or any confidential information such as Social Security numbers.
- spam, solicit, advertise, promote, or endorse any commercial, financial, political, or governmental organization.
- include marketing messages or URLs to external sites for promotional purposes.
- violate another’s copyright or intellectual property.
- are excessively repetitive.
- include proprietary, confidential, sensitive, or non-public information.
- contain links to any type of virus, spyware, or malware.
- purport to act on behalf of or represent L.A. Care.
- are posted under an identity that is not that of the person making the post.
- include financial recommendations.

4.1.6 L.A. Care may update these guidelines at any time, without notice.

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**Personal Use of Social Media at Work**

L.A. Care Employees and/or Associates are prohibited from using L.A. Care computers to access Social Media sites for personal use.

Employees and/or Associates can use their own personal devices to engage in Social Media during breaks and meal periods.

L.A. Care is not responsible for any claims, losses, damages, costs, or other obligations arising from the use of the Social Media using L.A. Care computers or its network.

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**4.2 Use of Personal Social Media Outside on Personal Time**

4.2.1 These Social Media guidelines have been created to address some of the choices that L.A. Care Employees and/or Associates may face online. These guidelines are not intended to address every situation encountered through personal use of Social Media.
4.2.2 Nothing in this policy is designed to interfere with, restrain, or prevent employee communications regarding wages, hours or other terms and conditions of employment.

4.2.3 Employees’ and/or Associates’ personal Social Media use must not be attributable to L.A. Care or the Employee’s job function at, or Associate’s relationship with L.A. Care. While an Employee’s or Associate’s use and comments made on Social Media sites are subject to First Amendment protections, as well as permissible restrictions, any personal use made of Social Media sites made on personal time must not be attributable to L.A. Care. For example:

4.2.3.1 Do not use your L.A. Care e-mail address to register for Social Media and other sites unless the purpose is directly related to L.A. Care matters.

4.2.3.2 Do not display L.A. Care’s logo on personal Social Media accounts.

4.2.3.3 Don’t provide L.A. Care’s or another Employee’s and/or Associate’s personal or confidential information or other proprietary information.

4.2.3.4 Do not state or imply that you speak for L.A. Care.

4.2.3.5 If you post personal views or opinions about L.A. Care or job-related content to your personal Social Media accounts, use a disclaimer to make it clear that your views are not necessarily reflective of L.A. Care’s views. For example, “The opinions expressed here are my own and do not necessarily represent the views of L.A. Care.”

4.2.3.6 All other L.A. Care policies against inappropriate usage, including without limitation L.A. Care’s policies prohibiting zero tolerance for unlawful discrimination, harassment, or retaliation in the workplace still apply.

4.2.4 L.A. Care Employees and/or Associates must be mindful that any Internet information is ultimately accessible to the world. To avoid jeopardizing their professional effectiveness, Employees and/or Associates are encouraged to familiarize themselves with the privacy policies, settings, and protections on any Social Media websites which they choose to use, and be aware that information posted online, despite privacy protections, is easily and often reported to administrators or exposed to others.
Employees and/or Associates should consider utilizing privacy settings to control access to personal networks, webpages, profiles, posts, digital media, forums, fan pages, etc. However, be aware that privacy settings bring a false sense of security, as anything posted on the Internet may be subject to public viewing and republication by third parties without prior knowledge.

5.0 **PROCEDURES:**

5.1 Approval Process

5.1.1 L.A. Care departments interested in using or implementing L.A. Care Authorized Social Media should fill out and submit a Social Media Request form on Podio found at https://podio.com/webforms/20021147/1359652 to discuss how this communications vehicle will fit into the organization’s goals and objectives. Requests must be submitted at least 10 business days in advance to the Social Media post’s/promotion’s intended launch. Requests requiring a -Urgent-requests, made with a shorter lead time, of less than 10 business days will only be processed with the approval of the Director of Communications.

5.1.2 A Communications Department representative will review the department’s business objective, content plan, and outreach plan to ensure Social Media is an appropriate communications vehicle to meet the stated objectives and that there is internal capacity to conduct the Social Media campaign.

5.1.3 A Communications Department representative will notify the interested L.A. Care Department of the approval or disapproval for the use of L.A. Care Official Authorized Social Media within 3 business days of the request.

5.1.4 If approved, a Communications Department representative will work with the interested department to develop strategic content and the appropriate deployment schedule for the campaign.

5.1.5 If approved, a Communications Department representative will execute the Social Media campaign and provide a campaign summary.

6.0 **MONITORING:**

6.1 L.A. Care Communications Department staff will regularly review Social Media engagement on L.A. Care Authorized Social Media accounts to ensure adherence to this policy.
6.2 L.A. Care employees and/or associates have no expectation of privacy in any communication, transmission, posting, documentation, data or other information created, stored, transmitted, viewed, downloaded, posted, received on or through, sent on or thorough any of L.A. Care’s technology sources, including without limitation the Internet and e-mails (collectively, “Technology Source”) or L.A. Care devices and electronic equipment, including without limitation, computers, laptops, electronic tables, notebook, cell phones, smart phones or other such devices (collectively, “Electronic Equipment”). Additionally, L.A. Care employees and/or associates have no reasonable expectation of privacy while using the Internet, since internet and public postings can be reviewed by anyone, including L.A. Care.

7.0 REPORTING:

7.1 L.A. Care employees and/or associates are required to report any violations of this policy to the Communications Department immediately after within 24 hours of becoming aware of such violation(s).

7.1.1 L.A. Care employees and/or associates found in violation of this policy will be referred to Human Resources Department, per L.A. Care Policy HR-214, “Progressive Discipline” (Human Resources). Depending on the violation of this policy and/or violation of other applicable L.A. Care policies or procedures, further disciplinary action up to and including termination may occur.

Social Media posts and comments that are flagged by Communications Department staff as potentially being in violation with this policy will be reviewed by Communications Department management. If Communications Department management determines posts are in violation of this policy or applicable laws, the post(s) may be deleted. Depending on the severity of the violation and to the extent permitted by law, Social Media Users who have made such posts may be blocked at Communications Department management’s discretion. Such posts and comments may be subject to investigation and/or disciplinary action, up to and including termination.

7.1.2 Posts and comments, including those made on and/or through personal Social Media accounts, that potentially threaten workplace violence, violate L.A. Care’s anti-harassment, anti-discrimination, or retaliation
policy, violated applicable laws -or constitute other serious misconduct may be subject to investigation and/or disciplinary action, up to and including termination.

9.1

9.2 Social media requests will be honored via the Communications Department’s standard service level agreement of 10 business days. “Showstopper” requests requiring expedited handling will require a senior director level approval and the approval of the director of communications.
Date: January 25, 2021

Committee: Executive

Chairperson: Hector De La Torre

Motion No. EXE A.0121

Issue: Amendments to L.A. Care Health Plan Cafeteria Plan

Background: L.A. Care maintains the L.A. Care Health Plan Cafeteria Plan (the “Plan”) for the benefit of its eligible employees. The Plan was most recently restated effective June 1, 2017.

The proposed amendment, a copy of which is attached, would amend the Plan to:

1. permit employees who cease participation in the Health Flexible Spending Arrangement (“Health FSA”) during 2020 or 2021 to use any unused Health FSA account balance to reimburse medical expenses incurred during the remainder of the year in which participation ceases,
2. permit Health FSA election changes during 2020,
3. permit Health FSA and Dependent Care Assistance Program (“DCAP”) election changes during 2021,
4. permit the Health FSA to reimburse expenses for drugs or medicines without a prescription,
5. increase the limit on carryovers of unused Health FSA balances from $500 to $550 and provide for unlimited carryover of unused Health FSA balances for 2020 and 2021,
6. extend the Health FSA claims submission deadline for 2019 medical expenses from March 1, 2020, until the 90th day after the COVID-19 National Emergency is declared to end,
7. permit DCAP participants whose qualifying child reached age 13 in 2020 to continue to receive reimbursements for eligible dependent care expenses incurred for that child during the remainder of 2020 and, for those who still have an unused DCAP account balance, 2021 until the child reaches age 14 (but only with respect to the unused balance), and
8. provide for the unlimited carryover of unused DCAP account balances for 2020 and 2021.

Member Impact: None.

Budget Impact: None.

Motion: To approve the amendment to the L.A. Care Health Plan Cafeteria Plan, in the form attached hereto, effective as of the dates set forth in the amendment.
SECOND AMENDMENT
TO THE
L.A. CARE HEALTH PLAN CAFETERIA PLAN

WHEREAS, L.A. Care Health Plan (the “Employer”) established and maintains the L.A. Care Health Plan Cafeteria Plan (the “Plan”); and

WHEREAS, the Plan was most recently amended and restated effective June 1, 2017; and

WHEREAS, the Employer has reserved the right to amend the Plan by action of the Executive Committee or Board of Governors in Section 12.1; and

WHEREAS, the Employer wishes to amend the Plan to (1) permit employees who cease participation in the Health Flexible Spending Arrangement (“Health FSA”) during 2020 or 2021 to use any unused Health FSA account balance to reimburse medical expenses incurred during the remainder of the year in which participation ceases, (2) permit Health FSA election changes during 2020, (3) permit Health FSA and Dependent Care Assistance Program (“DCAP”) election changes during 2021, (4) permit the Health FSA to reimburse expenses for drugs or medicines without a prescription, (5) increase the limit on carryovers of unused Health FSA balances from $500 to $550 and provide for unlimited carryover of unused Health FSA balances for 2020 and 2021, (6) extend the Health FSA claims submission deadline for 2019 medical expenses from March 1, 2020, until the 90th day after the COVID-19 National Emergency is declared to end, (7) permit DCAP participants whose qualifying child reached age 13 in 2020 to continue to receive reimbursements for eligible dependent care expenses incurred for that child during the remainder of 2020 and, for those who still have an unused DCAP account balance, 2021 until the child reaches age 14 (but only with respect to the unused balance), and (8) provide for the unlimited carryover of unused DCAP account balances for 2020 and 2021.

NOW THEREFORE, the Plan is hereby amended, effective as of the dates set forth below, as follows:

1. Effective January 1, 2020, Sections 2.5, 2.6(c), and 6.9 of the Plan are amended by adding the following at the end of each of those sections:

“Despite the preceding, a Participant who ceases participation in the Health FSA during the 2020 or 2021 Plan Year only may use any unused balance in the Participant’s Health FSA Account to reimburse Medical Expenses incurred during the remainder of the Plan Year in which participation ceases, without regard to whether the cessation of participation results from a COBRA qualifying event or the Participant elects or pays for COBRA continuation coverage.”

2. Effective June 1, 2020, Section 5.4 of the Plan is amended by adding a new subsection (i) thereto, which subsection will read in its entirety as follows:

“(i) Temporary Expansion of Permitted Health FSA Election Changes During 2020 Plan Year. Despite any contrary Plan provision, a Participant or Eligible Employee may, during the period beginning June 1, 2020, and ending December 31,
2020 only, prospectively revoke an election, make a new election, or decrease or increase an existing election applicable to the Health FSA for the remainder of the 2020 Plan Year; provided, however, that no such election to cancel or reduce Health FSA coverage will be effective to the extent it would reduce future contributions to the Health FSA for the remainder of the 2020 Plan Year to a point where the total contributions for the 2020 Plan Year are less than the amount already reimbursed for that Plan Year.”

3. Effective January 1, 2021, Section 5.4 of the Plan is amended by adding a new subsection (j) thereto, which subsection will read in its entirety as follows:

“(j) Temporary Expansion of Permitted Health FSA and DCAP Election Changes During 2021 Plan Year. Despite any contrary Plan provision, a Participant or Eligible Employee may, during the period beginning January 1, 2021, and ending December 31, 2021 only, prospectively revoke an election, make a new election, or decrease or increase an existing election applicable to the Health FSA or DCAP for the remainder of the 2021 Plan Year; provided, however, that no such election to cancel or reduce Health FSA coverage will be effective to the extent it would reduce future contributions to the Health FSA for the remainder of the 2021 Plan Year to a point where the total contributions for the 2021 Plan Year are less than the amount already reimbursed for that Plan Year.”

4. Effective upon adoption of this amendment, Section 6.2(c) is amended by adding the following at the end thereof:

“Despite paragraph (1), above, Medical Expenses include expenses incurred after December 31, 2019, for drugs or medicines obtained without a prescription. In addition, Medical Expenses include expenses incurred after December 31, 2019, for menstrual care products (as defined in section 223(d)(2)(D) of the Code).”

5. Effective January 1, 2020, Section 6.3(b) of the Plan is amended by deleting “$500” wherever that amount is used and replacing it with “$550 (effective for Plan Years beginning on or after January 1, 2021, this amount will be adjusted in accordance with IRS guidance),” and by adding the following at the end thereof:

“Despite the preceding, the maximum limit on unused amounts in a Participant’s Health Flexible Spending Account at the end of a Plan Year that the Participant may carry over to the immediately following Plan Year described above will not apply to carryovers of unused amounts from the 2020 Plan Year to the 2021 Plan Year and from the 2021 Plan Year to the 2022 Plan Year.”

6. Effective March 1, 2020, Sections 6.7(d) and 10.3(a) of the Plan are amended by adding the following at the end thereof:

“Despite the preceding sentence, the Plan will disregard the period beginning on March 1, 2020, and ending 60 days after the announced end of the COVID-19 National Emergency (the ‘Outbreak Period’) in determining the deadline for submitting claims for reimbursement of Medical Expenses incurred during the 2019 Plan Year. As a result, the
deadline for submitting claims for reimbursement of Medical Expenses incurred during the 2019 Plan Year is extended from March 30, 2020, until 30 days after the end of the Outbreak Period.”

7. Effective January 1, 2020, Section 7.2(d) of the Plan is amended by adding the following at the end thereof:

“Temporary Increase in Maximum Qualifying Dependent Age. Despite Section 7.2(d)(1), this temporary rule applies only to a Participant who (1) is enrolled in the Dependent Care Assistance Program during the 2020 Plan Year, and (2) has one or more Qualifying Dependents who attain age 13 (A) during the 2020 Plan Year, or (B) in the case of a Participant who, after application of this temporary rule, still has an unused DCAP Account balance at the end of the 2020 Plan Year, the 2021 Plan Year. In the case of a Participant described in the preceding sentence, “age 14” is substituted for “age 13” in Section 7.2(d)(1) solely for purposes of determining whether expenses incurred by the Participant with respect to such dependents described in the preceding sentence during (1) the 2020 Plan Year, or (2) to the extent the Employee still has an unused DCAP Account balance at the end of such year, the 2021 Plan Year (but only to the extent of such unused balance) constitute Employment-Related Dependent Care Expenses eligible for reimbursement under the Dependent Care Assistance Program.”

8. Effective January 1, 2020, Section 7.8 of the Plan is amended by adding the following at the end thereof:

“Temporary Carryover Rule. Despite the preceding paragraph, a Participant in the Health Flexible Spending Arrangement may roll over any unused amounts in the Participant’s Health FSA Account at the end of the 2020 Plan Year to the 2021 Plan Year or at the end of the 2021 Plan Year to the 2022 Plan Year, respectively, to reimburse Medical Expenses incurred in that Plan Year.”

IN WITNESS WHEREOF, this Second Amendment to the L.A. Care Health Plan Cafeteria Plan is hereby adopted by the Employer on the date set forth below.

L.A. CARE HEALTH PLAN

By: ______________________________
Hector De La Torre
Chair, Executive Committee

Date: ______________________________